

STATE OF MARYLAND

APPLICATION FOR COLLECTIVE BARGAINING TUITION REIMBURSEMENT PROGRAM

APPLICANT INFORMATION (please print or type all information)

COURSE INFORMATION

Name: LAST FIRST MI

Name & Address of Institution Providing Training

Department/Agency/Institution or Unit Agency Code

Work Address Work Phone Number

Fax Number Classification

APPROVALS:

Supervisor's Signature Title Date

Director of EDTI authorizes this training as consistent with policy, rules and regulations.

UNION INFORMATION

Please indicate your Bargaining Unit: _____

For Completion by Fiscal Officer:

Monies for Tuition Reimbursement are: _____

Currently Exhausted as of _____

Are not Exhausted _____

Will be Exhausted as of _____

Fiscal Officer's Signature Date

Course Title Semester Hours

Attach Brochure or Catalog Describing Course

Tuition Cost \$ _____

Duration of Training: Beginning Date _____

Ending Date _____

Hours of Training: Working Hours _____

After Work _____

Weekly Total _____

I certify that the information given on this application is correct and request approval. I have read, understand, and signed the Obligated Service Agreement on the reverse side of this application.

Employee's Signature Date

**COLLECTIVE BARGAINING-TUITION REIMBURSEMENT PROGRAM
OBLIGATED SERVICE AGREEMENT**

This Obligated Service Agreement, hereinafter referred to as "agreement," is entered into by and between the below named employee and the State of Maryland.

In consideration of job assignments and benefits which may accrue hereafter, the employee agrees to the following:

1. I am interested in receiving out-service training as indicated by the Application Process.
2. I will participate in and complete the course to the best of my ability unless my withdrawal is required by or acceptable to the appointing authority of my department, agency or institution; and, I will remain an employee of the State of Maryland following completion of training for a period equal to three times the number of working hours spent in out-service training.
3. I agree that the number of hours spent in out-service training shall be computed by the Department of Budget and Management from appropriate records, and that the period of obligated service shall commence on the first work day following completion of the training.
4. It is agreed that any salary, pay or compensation paid by the State of Maryland while under going out-service training shall be considered a loan and such loan shall be exonerated at the rate of one month's pay for each three months of employment after completion of the training.
5. If I fail to remain an employee of the State of Maryland for the full period of obligated service, I agree to repay the State on a pro rata basis, as stated in 4. above, any pay or compensation due the State for my participation in this training. I understand if, in the judgment of the Secretary of Budget and Management, my separation is necessitated by adverse, unforeseen and extenuating circumstances that impose undue personal hardship, I may be released from this agreement.
6. If, prior to the expiration date of my training or obligated service under this agreement, I enter the service of another State of Maryland agency, no reimbursement for tuition or related fees shall be due the State.
7. I agree that amounts which become due to the State of Maryland as a result of my failure to meet the terms of this agreement may be withheld from any monies due me from the State of Maryland.

Date

SIGNATURE OF EMPLOYEE

STATE OF MARYLAND

Date

By: _____
SECRETARY OF BUDGET AND MANAGEMENT